



Health Plans

Indiana University Health Plans
PO Box 11196
Portland, ME 04104-7196

Need to update your information or have Questions?

If you need to update your mailing address or have questions regarding this document or your benefits, visit our website at www.iuhealthplans.org or call the number below:

(866) 895-5975

Subscriber Name: JOSHUA E PERRY

Subscriber ID #: [REDACTED]

Group Name: Indiana University

EOB Printed Date: 11/26/2018

JOSHUA PERRY

Explanation of Benefits - This is not a bill.

An Explanation of Benefits (EOB) summarizes a recent claim for services received and filed with your insurance plan, the cost associated with those services, and who is responsible for paying those costs. Your healthcare provider or facility may bill you directly for any amount owed.

To ensure you have a good record of your health care expenses for the year and there are no errors or incorrect charges against your IU Health Plans benefits, keep your EOBs for your records along with any other health care bills. You can also access your EOB online via the IU Health Plans member portal at www.iuhealthplans.org.


Summary of Claim(s) Submitted (individual claims are included following this page)

	Term:	This Means:	Your Totals:
PLAN DISCOUNTS	Billed Amount	This is the amount your provider billed to your plan for the services you received. <i>Please Note: this amount does not reflect discounts the plan has negotiated with your provider.</i>	\$74,067.17
	Allowed Amount	This is the payment amount that IU Health Plans and your participating provider have agreed will be accepted for the type of services you received. <i>Please Note: this arrangement may not apply to non-participating providers. If you have questions on your EOB or a bill you've received, please contact Member Services.</i>	\$51,815.92
	Adjusted Amount	This is the difference between the Billed Amount and the Allowed Amount. This represent your savings based on the contracted rate IU Health Plans has negotiated with your participating provider. <i>Please Note: this arrangement may not apply to non-participating providers. If you have questions on your EOB or a bill you've received, please contact Member Services.</i>	\$22,251.25
PLAN PAID	IU Health Plans Paid	This is the amount IU Health Plans paid to your provider .	\$48,339.03
	Other Insurance Paid	This is the amount paid by your other insurance carrier, if you have one, to your provider.	\$0.00
MEMBER RESPONSIBILITY	Deductible	This is the amount applied to the yearly deductible amount you are responsible for paying before IU Health Plans begins to pay for your covered services. <i>Please Note: "Non-Covered" amounts will not count towards meeting the yearly deductible and your provider may bill you directly for these charges.</i>	\$2,476.89
	Co-pay	This is the fee you are responsible to pay for certain services per your health plan.	\$0.00
	Co-insurance	This is the percentage of the Allowed Amount you are responsible for after your yearly deductible has been met.	\$1,000.00
	Non-Covered	This is the amount you are responsible for paying because a service was non-covered by your plan, or a provider or facility was outside of IU Health Plans' network.	\$11.00
	Amount You Owe	This is the amount you may be responsible for paying. <i>Please Note: This may not include co-pays.</i>	\$3,487.89


Plan Status - (for 01/01/2018 - 12/31/2018)

These totals are correct as of the last claim shown on this document. If you received services more recently, unprocessed claims for those service will not yet be reflected in the totals shown here. Check your IU Health Plans member portal for your most up-to-date claims.

Family Deductible: This is the amount applied to your family deductible for the plan year.

 \$5,000.00 of \$5000 met for your IN Network Tier 1 Calendar Year Deductible (In-Network Benefits)

Family Out of Pocket Max: This is the amount applied to your family out of pocket max for the plan year.

 \$6,000.00 of \$6000 met for your IN Network Tier 1 Calendar Year OOP Max (In-Network Benefits)



Health Plans

Service Dates: 07/24/2018 - 07/25/2018
Member ID #: [REDACTED]
Member Name: OAKLEY J YODER
Group Name: Indiana University
Claim Processing Date: 10/05/2018
EOB Printed Date: 11/26/2018

Claim Detail: Below is a detailed view of your recently submitted claims

Claim #: [REDACTED] for services provided at St Mary's Health Inc DBA St Vincent Warrick EMS

Service Dates	Procedure Code	Benefit Description	Explanation Code	Billed Amount	Allowed Amount	Adjusted Amount	Deductible	Co-Pay	Co-Insurance	Non-Covered	IU Health Plans Paid	Other Insurance Paid	Amount You Owe
07-24-2018	0250	PHARMACY	147,27,533,25,28	\$67,956.80	\$47,569.76	\$20,387.04	\$2,476.89	\$0.00	\$1,000.00	\$0.00	\$44,092.87	\$0.00	\$3,476.89
07-25-2018	0258	IV SOLUTIONS	147,533,28	\$20.80	\$14.56	\$6.24	\$0.00	\$0.00	\$0.00	\$0.00	\$14.56	\$0.00	\$0.00
07-24-2018	0258	IV SOLUTIONS	147,533,28	\$42.15	\$29.51	\$12.64	\$0.00	\$0.00	\$0.00	\$0.00	\$29.51	\$0.00	\$0.00
07-24-2018	0301	CHEMISTRY TESTS	147,533,28	\$84.00	\$58.80	\$25.20	\$0.00	\$0.00	\$0.00	\$0.00	\$58.80	\$0.00	\$0.00
07-24-2018	0301	CHEMISTRY TESTS	147,533,28	\$43.00	\$30.10	\$12.90	\$0.00	\$0.00	\$0.00	\$0.00	\$30.10	\$0.00	\$0.00
07-24-2018	0305	HEMATOLOGY TESTS	147,533,28	\$70.00	\$49.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49.00	\$0.00	\$0.00
07-24-2018	0305	HEMATOLOGY TESTS	147,533,28	\$167.00	\$116.90	\$50.10	\$0.00	\$0.00	\$0.00	\$0.00	\$116.90	\$0.00	\$0.00
07-24-2018	0305	HEMATOLOGY TESTS	147,533,28	\$40.00	\$28.00	\$12.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28.00	\$0.00	\$0.00
07-24-2018	0305	HEMATOLOGY TESTS	147,533,28	\$77.00	\$53.90	\$23.10	\$0.00	\$0.00	\$0.00	\$0.00	\$53.90	\$0.00	\$0.00
07-24-2018	0450	EMERG ROOM	147,533,28	\$811.00	\$567.70	\$243.30	\$0.00	\$0.00	\$0.00	\$0.00	\$567.70	\$0.00	\$0.00
07-24-2018	0450	EMERG ROOM	147,533,28	\$680.00	\$476.00	\$204.00	\$0.00	\$0.00	\$0.00	\$0.00	\$476.00	\$0.00	\$0.00
07-25-2018	0450	EMERG ROOM	147,533,28	\$313.00	\$219.10	\$93.90	\$0.00	\$0.00	\$0.00	\$0.00	\$219.10	\$0.00	\$0.00
07-24-2018	0450	EMERG ROOM	147,533,28	\$2,047.00	\$1,432.90	\$614.10	\$0.00	\$0.00	\$0.00	\$0.00	\$1,432.90	\$0.00	\$0.00
07-24-2018	0460	PULMONARY FUNC	148,533,28	\$141.00	\$98.70	\$42.30	\$0.00	\$0.00	\$0.00	\$0.00	\$98.70	\$0.00	\$0.00
07-24-2018	0636	DRUGS/DETAIL CODE	147,533,28	\$138.87	\$97.21	\$41.66	\$0.00	\$0.00	\$0.00	\$0.00	\$97.21	\$0.00	\$0.00
07-24-2018	0636	DRUGS/DETAIL CODE	147,533,28	\$13.55	\$9.49	\$4.06	\$0.00	\$0.00	\$0.00	\$0.00	\$9.49	\$0.00	\$0.00
07-25-2018	0730	EKG/ECG	148,533,28	\$293.00	\$205.09	\$87.91	\$0.00	\$0.00	\$0.00	\$0.00	\$205.09	\$0.00	\$0.00
Statement Totals							\$2,476.89	\$0.00	\$1,000.00	\$0.00	\$47,579.83	\$0.00	\$3,476.89

Explanation Code Description

Explanation Code	Description
25	Deductible Amount



Health Plans

Explanation Code	Description
27	Coinsurance Amount
28	The member's out of pocket maximum has been met
147	Services rendered by an out of network provider.
148	In-network benefits applied by manual override.
533	The claim line has been repriced by First Health.

What if I need to make an appeal to a claim?

If you disagree with the decision on your claim, you (or a representative you have authorized) may file a written appeal. The appeal will need to be filed within the timeframes allowed by your specific plan, generally within 180 days of the denial of your claim.

Your appeal must give the reason(s) you believe the claim was improperly denied and include any additional relevant information or documents in support of your appeal. Failure to file a timely appeal may prevent you from any further review of this benefit decision in State or Federal Court of Law. Send your appeal to: IU Health Plans, 950 N. Meridian Street, Suite 200, Indianapolis, IN 46204, Attention: Appeals.

IU Health Plans will notify you of the decision on your request no later than 60 days from the date your request is received. To access your complete Member Contract, sign-in to the IU Health Plans Member Portal at www.iuhealthplans.org. Once logged in, click on 'My Plan Documents'.

Upon your request, you are entitled to receive, free of charge, copies of all documents, records, and the identity of medical or vocational experts consulted by the Plan in determining benefits. In lieu of copies, you may be given reasonable access to the documents.